

PART B - FEE(S) TRANSMITTAL

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7590

12/08/2005

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03/10/2006 EAYALEW2 00000013 501505 09697663

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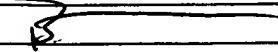
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B. Noël Kivlin

(Depositor's name)



(Signature)

3-7-06

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09697663	10/25/2000	Daniel R. Cassidy	SUNIP413/5329	4650

TITLE OF INVENTION: AUTOMATIC LINK FAILOVER IN DATA NETWORKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	03/08/2006
EXAMINER	ART UNIT		CLASS-SUBCLASS		
WONG, BLANCHE	2667		370-225000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Meyertons Hood Kivlin
 1 Kowert & Goetzel, P.C.
 2 B. Noël Kivlin
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Sun Microsystems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
 Publication Fee (No small entity discount permitted)
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The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501505 / 5681-96600 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature B. Noël Kivlin

Date 3-7-06

Typed or printed name B. Noël Kivlin

Registration No. PTO # 33,929

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